

Library Card Registration Form

Lancaster County residents 5 years of age and older are eligible to apply for a library card.

* Required information

*Name: _____
Last Name First Name Middle Initial Suffix

*Mailing Address: _____ Apt. # _____

*City/Town: _____ *State: _____ *Zip: _____

*Street Address (if different from above): _____

*City, Borough, or Township: _____ *County: _____

*Primary Phone: _____ Alternate Phone: _____

E-mail: _____ School District _____

By providing your email address you are agreeing to receiving library account notifications such as hold pick-up, courtesy reminders, and overdue notices via email.

I would like to receive library newsletters and be informed about library events/information via email. YES NO

*Date of Birth: Month: _____ Day: _____ Year _____

- By signing you promise to abide by all library rules, to give immediate notice of change of address or telephone number, and to promptly pay any fines or damages charged to your account.
- Any child under 14 years of age must have a parent's or guardian's signature.
- Parents and guardians signing for borrowers under the age of 14 are responsible for overdue fines and lost or damaged materials incurred by their usage.
- Parents and guardians are responsible for monitoring the materials their children or wards borrow through personal interaction with the child.
- Unless compelled by law, the library is not permitted to release account information without permission from the account owner even when the account owner is a child.

*Applicant Signature: _____ Date: _____

*Parent Signature (if applicant is under 14): _____

Library use only:

Legal Name (if applicable): _____

Residency: Lancaster County PA Resident Fee

Address Verified: YES NO

Card type: Full Card Welcome OSR Update

Patron #: _____ Staff Initials & Date: _____

Computer User Contract - Valid for up to 3 Years

(Expires concurrent with Library card)

Date: _____

Name: _____

Library Card Number: _____

Signed at Location: _____

Address: _____

Are you 18 years of age or older? YES NO If no, give date of birth: _____

I have read, understand and agree to comply with the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers. I further understand any infraction of the agreement will result in the loss of my computer privileges. I agree to hold LSLC and its representatives harmless for any and all loss, problem, or damage resulting from my use of Library computers or internet access. Further, I agree to indemnify LSLC for any loss or liability that I may incur as a result of any violation of the Computer Use Policy (stated or unstated) by me.

Signature: _____ Date: _____

Staff Witness: _____ Date: _____

If the user is under the age of 18 a parent or legal guardian must sign below

By signing below, I give permission for my child to use the Library computers and/or access the internet and that I am the legal guardian. I understand by signing this contract they may use the computers, under the agreement as stated here and on the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers, without my immediate supervision.

Parent/Guardian Signature: _____ Date: _____

Staff Witness: _____ Date: _____

LSLC prohibits "displaying, downloading or copying offensive or inappropriate messages, pictures or explicit sexual material as defined in 19 Pa. C.S.A. § 5903."

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I understand that should I violate any portion of the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers either explicitly or implicitly I shall lose all computing privileges within LSLC.